



The Andersons, Inc.

P.O. Box 119, Maumee, Ohio 43537 • 419.893.5050

July 28, 2016

**CERTIFIED MAIL: 7012 1640 0002 1087 3374**

Ms. Elizabeth Koesterer (AWMD/WEMM)  
U.S. Environmental Protection Agency  
11201 Renner Boulevard  
Lenexa, KS 66219

RECEIVED  
AUG 01 2016  
AWMD/WEMM

Dear Elizabeth,

RE: EPA RCRA ID: IAR000007310, The Andersons Sergeant Bluff Plant, 2015 Biennial Report

Thank you for your letter with instructions on completing this report as I had searched in vain for a way to prepare the "Biennial Report" earlier this year (I notice your letter states multiple times "(commonly called the Biennial Report)", so I'm sure you are aware the name change is cause for confusion to the regulated community; particularly in a case such as ours where we typically are SQG or CESQG. Further, Plant Manager Shawn Turner has scoured his e-mail and not seen the correspondence you refer to in your letter of July 21, 2016, which we received July 25, 2016.

As I stated, this site is typically SQG or CESQG, and as our report (enclosed) indicates in Section 10.A.2, a single event was the reason for us to be LQG status in 2015. Please find our report as requested.

If you have any questions regarding this information, please contact me at:

- 200 S. Derby Ln, North Sioux City, SD 57049
- 712-635-7768 or via e-mail at [Melody\\_Russo@AndersonsInc.com](mailto:Melody_Russo@AndersonsInc.com)

Sincerely,

Melody Russo  
Manager, Environmental Compliance-Plant Nutrient

Enclosure: 2015 Hazardous Waste Report, commonly called Biennial Report, 8 pages


cc: Mr. Shawn Turner

IDNR Solid Waste Section & Field Office #3, 1900 North Grand, Gateway North Mall, Spencer, IA 53101

RCRA



555872

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.	<div style="text-align: center;"> <b>United States Environmental Protection Agency</b>  <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b> </div> <div style="text-align: right;"> <b>RECEIVED</b>  <b>AUG 01 2016</b>  <b>AWMD/WEMM</b>  </div>		
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input checked="" type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
<b>2. Site EPA ID Number</b>	EPA ID Number <u>I</u> <u>A</u> <u>R</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>7</u> <u>3</u> <u>1</u> <u>0</u>		
<b>3. Site Name</b>	Name: The Andersons Sergeant Bluff Plant		
<b>4. Site Location Information</b>	Street Address: 2717 Port Neal Circle		
	City, Town, or Village: Sergeant Bluff		County: Woodbury
	State: IA	Country: USA	Zip Code: 51054
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. <u>3</u> <u>2</u> <u>5</u> <u>3</u> <u>1</u> <u>1</u>		C. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
	B. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		D. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
<b>7. Site Mailing Address</b>	Street or P.O. Box: 200 S. Derby Lane		
	City, Town, or Village: North Sioux City		
	State: SD	Country: USA	Zip Code: 57049
<b>8. Site Contact Person</b>	First Name: Shawn    MI:    Last: Turner		
	Title: Plant Manager		
	Street or P.O. Box: 2717 Port Neal Circle		
	City, Town or Village: Sergeant Bluff		
	State: IA	Country: USA	Zip Code: 51054
	Email: Shawn_Turner@AndersonsInc.com		
	Phone: 712-281-0259	Ext.:	Fax:
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: The Andersons, Inc.		Date Became Owner: 5/18/15
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: PO Box 119		
	City, Town, or Village: Maumee		Phone: 419-893-5050
	State: OH	Country: USA	Zip Code: 43537
	B. Name of Site's Operator: Nutra-Flo Company		Date Became Operator: 5/18/15
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

**10. Type of Regulated Waste Activity (at your site)**

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

**A. Hazardous Waste Activities; Complete all parts 1-10.**

- Y ☒ N ☐ **1. Generator of Hazardous Waste**  
If "Yes," mark only one of the following – a, b, or c.
- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.
- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.
- If "Yes" above, indicate other generator activities in 2-10.
- Y ☒ N ☒ **2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.
- Y ☐ N ☒ **3. United States Importer of Hazardous Waste**
- Y ☐ N ☒ **4. Mixed Waste (hazardous and radioactive) Generator**
- Y ☐ N ☒ **5. Transporter of Hazardous Waste**  
If "Yes," mark all that apply.
- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)
- Y ☐ N ☒ **6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.
- Y ☐ N ☒ **7. Recycler of Hazardous Waste**
- Y ☐ N ☒ **8. Exempt Boiler and/or Industrial Furnace**  
If "Yes," mark all that apply.
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- Y ☐ N ☒ **9. Underground Injection Control**
- Y ☐ N ☒ **10. Receives Hazardous Waste from Off-site**

**B. Universal Waste Activities; Complete all parts 1-2.**

- Y ☐ N ☒ **1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.
- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐
- Y ☐ N ☒ **2. Destination Facility for Universal Waste**  
Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**

- Y ☐ N ☒ **1. Used Oil Transporter**  
If "Yes," mark all that apply.
- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)
- Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**  
If "Yes," mark all that apply.
- ☐ a. Processor
- ☐ b. Re-refiner
- Y ☐ N ☒ **3. Off-Specification Used Oil Burner**
- Y ☐ N ☒ **4. Used Oil Fuel Marketer**  
If "Yes," mark all that apply.
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications



**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001						
D002						
D006						

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


**12. Notification of Hazardous Secondary Material (HSM) Activity**

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

10.A.2.: Facility experienced a fire in 2015. As a result of fire and response activities, material was generated and contained.

Waste characterization determined some of this material exhibited hazard characteristic(s), and was so profiled and disposed.

All of this waste was generated and disposed in 2015, and consisted of D002 and D006.

Report preparer and Environmental Manager: Melody Russo, 200 S. Derby Lane, North Sioux City, SD 57049,

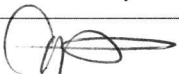
melody\_russo@andersonsinc.com, 712-635-7768

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed  
(mm/dd/yyyy)



Catherine M. White, Secretary,  
Nutra-Flo Company

07/28/2016

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: The Andersons Sergeant Bluff Plant

EPA ID Number I A R 0 0 0 0 0 7 3 1 0

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2015 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT**Sec. 1** A. Waste description: Potassium Hydroxide Solid material from fire clean up

B. EPA hazardous waste code(s)

D 0 0 2

C. State hazardous waste code(s)

D. Source code

G 1 9

E. Form code

W 3 1 9

F. Quantity generated in 2015

3 9 0

G. Waste

minimization code

Management Method code for Source code G25

UOM T

Density lbs/gal sg

**Sec. 2** Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ No (SKIP TO SEC. 3)

## ON-SITE PROCESS SYSTEM 1

## ON-SITE PROCESS SYSTEM 2

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2015

H

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2015

H

**Sec. 3** A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?☒ Yes (CONTINUE TO ITEM B)☐ No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

C O D 9 9 1 3 0 0 4 8 4

C. Off-site Management  
Method code shipped to

H 1 3 2

D. Total quantity shipped in 2015

3 9 0

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

D. Total quantity shipped in 2015

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

D. Total quantity shipped in 2015

Comments:

Fire and response compromised bags of Potassium Hydroxide that were stored. Fire initiation was unrelated to chemical storage.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: The Andersons Sergeant Bluff Plant

EPA ID Number I A R 0 0 0 0 0 7 3 1 0

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2015 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT**Sec. 1** A. Waste description: Corrosive liquid containing Potassium Hydroxide from fire clean up

B. EPA hazardous waste code(s)

D 0 0 2

C. State hazardous waste code(s)

D. Source code

G 3 2

E. Form code

W 1 1 0

F. Quantity generated in 2015

1 5 9 7 8 0 0

G. Waste

minimization code

Management Method code for Source code G25

UOM G

Density 1 0 0 lbs/gal sg

**Sec. 2** Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ No (SKIP TO SEC. 3)

## ON-SITE PROCESS SYSTEM 1

## ON-SITE PROCESS SYSTEM 2

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2015

H

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2015

H

**Sec. 3** A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?☒ Yes (CONTINUE TO ITEM B)☐ No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility to which waste was shipped

O K D 0 6 5 4 3 8 3 7 6

C. Off-site Management  
Method code shipped to

H 1 3 2

D. Total quantity shipped in 2015

1 5 8 7 4 0 0

Site 2 B. EPA ID No. of facility to which waste was shipped

C O D 9 9 1 3 0 0 4 8 4

C. Off-site Management  
Method code shipped to

H 1 3 2

D. Total quantity shipped in 2015

1 0 4 0 0

Site 3 B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

D. Total quantity shipped in 2015

Comments:

Fire and response - fire water contaminated by Potassium Hydroxide. Fire initiation was unrelated to chemical storage.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: The Andersons Sergeant Bluff Plant

EPA ID Number I A R 0 0 0 0 0 7 3 1 0

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2015 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT**Sec. 1** A. Waste description: Fire water containing cadmium from

B. EPA hazardous waste code(s)

D 0 0 6

C. State hazardous waste code(s)

D. Source code

G 3 2

E. Form code

W 1 1 0

F. Quantity generated in 2015

1 2 8 8 9 0 0

G. Waste

minimization code

Management Method code for Source code G25

UOM G

Density 1 0 0 lbs/gal sg

**Sec. 2** Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ No (SKIP TO SEC. 3)

## ON-SITE PROCESS SYSTEM 1

## ON-SITE PROCESS SYSTEM 2

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2015

H

On-site Management  
Method codeQuantity treated, disposed, or  
recycled on site in 2015

H

**Sec. 3** A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?☒ Yes (CONTINUE TO ITEM B)☐ No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility to which waste was shipped

O K D 0 6 5 4 3 8 3 7 6

C. Off-site Management  
Method code shipped to

H 1 3 2

D. Total quantity shipped in 2015

1 2 8 1 4 0 0

Site 2 B. EPA ID No. of facility to which waste was shipped

C O D 9 9 1 3 0 0 4 8 4

C. Off-site Management  
Method code shipped to

H 1 3 2

D. Total quantity shipped in 2015

7 5 0 0

Site 3 B. EPA ID No. of facility to which waste was shipped

C. Off-site Management  
Method code shipped to

D. Total quantity shipped in 2015

Comments:

Fire and response - fire water contaminated by cadmium (Site1). Clean out of frac tank residual (Site 2)



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:

SITE NAME: The Andersons Sergeant Bluff Plant

EPA ID Number 1 | A | R | 0 | 0 | 0 | 0 | 0 | 7 | 3 | 1 | 0

**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

2015 Hazardous Waste Report

**GM  
FORM**

**WASTE GENERATION  
AND MANAGEMENT**

**Sec. 1** A. Waste description: Potassium Hydroxide contaminated material from fire water containers' clean up

B. EPA hazardous waste code(s)

D | 0 | 0 | 2 | | | | | | | | | |

| | | | | | | | | | | | | | | |

C. State hazardous waste code(s)

| | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |

D. Source code

G | 3 | 2 |

E. Form code

W | 3 | 1 | 9 |

F. Quantity generated in 2015

| | | | | | | 3 | 0 | 0 | 0 |

G. Waste

minimization code

|

Management Method code for Source code G25

| | | | |

UOM P

Density | | | | | | | | | | lbs/gal | sg

**Sec. 2** Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?

☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)

☒ No (SKIP TO SEC. 3)

**ON-SITE PROCESS SYSTEM 1**

**ON-SITE PROCESS SYSTEM 2**

On-site Management  
Method code

Quantity treated, disposed, or  
recycled on site in 2015

H | | | |

| | | | | | | | | | | | | | | |

On-site Management  
Method code

Quantity treated, disposed, or  
recycled on site in 2015

H | | | |

| | | | | | | | | | | | | | | |

**Sec. 3** A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?

☒ Yes (CONTINUE TO ITEM B)

☐ No (FORM IS COMPLETE)

Site 1 B. EPA ID No. of facility to which waste was shipped

C | O | D | 9 | 9 | 1 | 3 | 0 | 0 | 4 | 8 | 4 |

C. Off-site Management  
Method code shipped to

H | 1 | 3 | 2 |

D. Total quantity shipped in 2015

| | | | | | | 3 | 0 | 0 | 0 |

Site 2 B. EPA ID No. of facility to which waste was shipped

| | | | | | | | | | | | | | | |

C. Off-site Management  
Method code shipped to

| | | | |

D. Total quantity shipped in 2015

| | | | | | | | | | | | | | | |

Site 3 B. EPA ID No. of facility to which waste was shipped

| | | | | | | | | | | | | | | |

C. Off-site Management  
Method code shipped to

| | | | |

D. Total quantity shipped in 2015

| | | | | | | | | | | | | | | |

Comments:

Following cleanout of frac tanks, PPE and consumables and sludge contaminated with potassium hydroxide.

*Blakely EasiTrak*  
RCRAINFO data entered

by *SCJ/gt*

on AUG 01 2016

*OC'd* AUG 02 2016 *SCaut*



PLANT NUTRIENT



**MELODY RUSSO**

MANAGER, ENVIRONMENTAL COMPLIANCE

200 S. DERBY LANE  
NORTH SIOUX CITY, SD 57049

CELL: 712-635-7768

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[www.andersonsplantnutrient.com](http://www.andersonsplantnutrient.com)